

JANET NAPOLITANO
GOVERNOR



WILLIAM BELL
DIRECTOR

**ARIZONA DEPARTMENT OF ADMINISTRATION
RISK MANAGEMENT SECTION**

100 N. 15th AVE., SUITE #301
PHOENIX, ARIZONA 85007
Telephone (602) 542-2182; Facsimile: (602) 542-1800
On-line: 'azrisk.az.us'

SOLE PROPRIETOR WAIVER

NOTE: THIS FORM APPLIES ONLY TO STATE OF ARIZONA AGENCIES, BOARDS, COMMISSIONS, UNIVERSITIES UTILIZING SOLE PROPRIETORS WITH NO EMPLOYEES. IF YOU ARE CONTRACTING WITH A CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP OR SOLE PROPRIETORS WITH EMPLOYEES, THIS FORM DOES NOT APPLY.

The following is a written waiver under the compulsory Workers' Compensation laws of the State of Arizona, A.R.S. 23-901 (et. seq.), and specifically, A.R.S. 23-961(O), that provides that a Sole Proprietor may waive his/her rights to Workers' Compensation coverage and benefits.

I am a sole proprietor and I am doing business as _____ (name of Sole Proprietor's Business). I am performing work as an independent contractor for the State of Arizona, Department of Economic Security, for workers' compensation purposes, and therefore, I am not entitled to workers' compensation benefits from the State of Arizona, Department of Economic Security.

I understand that if I have any employees working for me, I must maintain workers' compensation insurance on them.

Name of Sole Proprietor: _____
Social Security Number: _____ -- _____ - _____
Telephone Number: (_____) _____
Street Address/P.O. Box: _____
City: _____ State: _____ Zip Code: _____
Signature of Sole Proprietor: _____ Date: _____

Agency: Department of Economic Security Agency # 220
Signature of Agency _____
Contract Administrator: _____ Date: _____

Both signatures must be signed and the completed form submitted to the State of Arizona, Department of Administration, Risk Management Section, Insurance Unit, 100 N. 15th Avenue, Suite #301, Phoenix, Az 85007. An authorized Risk Management Representative will sign your completed form and return to the agency to be maintained in their records.

Signature of Risk Management Authorized Signer
Form #spw/1 (12/05)

Date